



ASSOCIATED SPECIALTY INSURANCE AGENCY, INC.

The Workers' Compensation Specialist for Brokers and Agents

AGENCY INFORMATION SHEET

(Please Type or Print)

AGENCY NAME: _____

ADDRESS:

Main Office: _____

Phone #: _____ **FAX #:** _____
E-mail Address: _____

Additional Office: _____

Phone #: _____ **FAX #:** _____
E-mail Address: _____

PLEASE INCLUDE ANY ADDITIONAL OFFICES ON A SEPARATE SHEET

AGENCY PRINCIPALS / AGENTS (doing business with ASIA)

<u>Name</u>	<u>Title</u>	<u>Individual E-mail Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of Licensed Agents/Producers: _____

Federal ID#: _____ Sole Proprietor Corporation Partnership LLC

**** PLEASE EMAIL, FAX OR MAIL THIS INFORMATION SHEET AND A CURRENT COPY OF YOUR AGENCY LICENSE AND ERRORS AND OMISSIONS DECLARATIONS PAGE.**

Person Completing Form: _____ **Date:** _____